



**INTERNATIONAL RESCUE COMMITTEE
SIERRA LEONE PROGRAM**

QUARTERLY REPORT

**INFECTION PREVENTION AND CONTROL (IPC) AND SCREENING FOR SUSPECTED EBOLA
PATIENTS IN PRIMARY HEALTH CARE FACILITIES IN SIERRA LEONE**

(CONTRACT NO: AID-OFDA-G-15-00025)

NOVEMBER 15, 2014 – DECEMBER 31, 2014

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

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I. Executive Summary

PROGRAM TITLE:	Infection Prevention and Control (IPC) and Screening for Suspected Ebola Patients in Primary Health Care Facilities in Sierra Leone
PROJECT NO:	AID-OFDA-G-15-00025
AGENCY:	International Rescue Committee (IRC)
COUNTRY:	Sierra Leone
CAUSE:	Ebola Virus Disease Outbreak
REPORTING PERIOD:	November 15, 2014 – December 31, 2014
GOAL:	Ensure that Sierra Leoneans are able to access health services from trained and protected health workers in all Peripheral Health Units (PHUs) within the context of the Ebola outbreak.
OBJECTIVES:	Health: Enable PHU s to remain open, accessible, and providing care, by ensuring screening processes are in place, IPC protocols are followed, and that isolation of suspected Ebola cases occurs.
BENEFICIARIES:	Total targeted: 6,696 (3,729 Health care workers; 2,976 CHWs) Direct; 5,883,302 Indirect IDP beneficiaries: N/A
LOCATION:	All districts of Sierra Leone except for Koinadugu
DURATION:	Six Months

Introduction

In August 2014, the International Rescue Committee (IRC) initiated the creation of the Ebola Response Consortium (ERC) to support the MoHS in Ebola response through a coordinated approach from International Non-Governmental Organizations (INGOs). The full ERC is now comprised of 9 organizations – Action Contre la Faim (ACF), CARE International, Concern Worldwide, e-Health, GOAL, King's Health Partners the IRC, Marie Stopes Sierra Leone, Save the Children – who together will support Ebola response activities in all districts in Sierra Leone. The ERC is currently supporting three key initiatives within the response: 1) support of a national strategy for Infection Prevention and Control (IPC) and screening of suspected Ebola Virus Disease (EVD) cases at 1,096 Peripheral Health Units (PHUs) in the country, 2) support for effective surveillance in 10 districts of the country, and 3) continuation of primary health care in 5 districts.

An outbreak of EVD was initially identified in Guinea in March 2014, and since has spread to Liberia, Nigeria, and Sierra Leone. The Sierra Leone Ministry of Health and Sanitation (MoHS) on 26 May 2014 declared an outbreak in Sierra Leone. As of the end of this reporting period, transmission continued at a high level, but started to decline in the third week of December. The MoHS reported 9,605 confirmed, suspected and probable cases of Ebola, and 2,801 confirmed, suspected and probable deaths caused by Ebola for all of Sierra Leone's 14 districts through 31 December 2014.

Patients with EVD are still presenting to non-EVD facilities, continuing to pose a significant risk of transmission to healthcare workers (HCW), facility staff, other patients and visitors. Since the start of the outbreak, approximately 300 HCWs have become infected with EVD, leading to fear among HCWs and patients, resulting in reduced availability and utilization of routine essential health services. Maintaining IPC precautions, instituting strict screening and isolation procedures, and determining appropriate modifications for routine services are essential measures for ensuring the safety of the healthcare work force. The ERC is currently implementing a scale up of IPC training for all PHUs in the country (with exception of Koinadugu district) funded by OFDA. The ERC has developed a strategy to reinforce the fundamental IPC approaches in line with initial assessments made of each PHU. Ongoing supportive supervision and on-the-job training based on identified areas of weakness of health worker IPC and screening practices, will ensure health workers at PHUs feel confident in continuing to safely provide health care to their communities, and will also be able to take necessary steps to immediately correct any mistakes as they are identified. Health facilities that demonstrate weak IPC practices will receive additional support according to need, until they have improved IPC and screening practices.

II. Summary of Activities

Sierra Leone

Type of Disaster: Pandemic Disease

Total Number of Beneficiaries: 6,696 Direct; 5,883,302 Indirect

Intervention Month(s): November 15, 2014 to May 15, 2015

The ERC partners worked with our partners UNICEF, CDC and MoHS to roll out the initial trainings for the IPC project in all PHUs in Sierra Leone between October and December 2014. The CDC technical team trained 20 people as Master IPC trainers in early October, and 366 people were trained as District level trainers in November. The roll out of the trainings at the PHUs was initially delayed because of the delay in the arrival of the Personal Protective Equipment (PPE) supply that was distributed to the PHUs during the roll out. While DFID funded the

initial trainings, the original design of the program anticipated that OFDA would support the follow-up supervisions and continuation of the program. The delay of the delivery of the PPE supplies and subsequent delay in rolling out the IPC trainings, the ERC partners did not start spending against the OFDA budget until 1 January 2015. However, during this reporting period, the ERC trained 4,264 health workers from 1,180 PHUs. These trainings started in October in Western Area, and started the third week of November in the rest of the districts. The first IPC trainings in the PHUs were completed in all districts by 25 December 2014.

III. Indicator Tracking

Table 2: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
Health: Health Systems and Clinical Support					
Number of health care facilities supported ¹ and/or rehabilitated by type (e.g., primary, secondary, tertiary)	Facility	1096	1,180	1,180	1,180 is the total number of PHUs covered under DFID funding, which includes Koinadugu (70 PHUs). As Koinadugu is not part of OFDA funding, the target under OFDA is 1096, which was achieved.
Number of health care providers trained by type (doctor, nurse, community health worker, midwife and traditional birth attendant) disaggregated by sex ²	Person	6,696	4,264	4,264	The total number of health care workers trained is 4,264. We have disaggregated by health worker type, but not by gender. We will disaggregate by gender for the follow-up trainings.
Number of consultations, disaggregated by sex and age ³	Person	TBD			We have not started collecting this data, it will start in January, and we will have data for the all months supported by this project.
Number and percentage of PHUs per month that require “urgent action” (retraining, etc.) in their Ebola response in terms of their (a) infection prevention and control structure; or (b) infection prevention and	Facility	25%			We have the baseline data. Our ERC technical team is in the field right now, trying to help our partners clean the baseline data, because there were a lot of problems with it. We are also rolling out the mobile data collection system, which will

¹ “Support” in this case means setting up screenings at all of the health facilities.

² This training will be rapid training at the PHU level and supervision.

³ The ERC will not be able to disaggregate this information to the level of detail normally needed (0-11 months; 1-4 years; 5-14 years; 15-49 years; 50-60 years; 60+ years) as part of this project. The ERC will disaggregate only by under-five and over-five, as well as by sex. Further disaggregation would add a layer of data compilation that would be unfeasible with this number of health facilities.

Table 2: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
control behavior (see annex X, Ebola Infection Control Assessment at Peripheral Health Units) ⁴					improve the quality and timelines of data collection.
Health: Community Health Education/Behavior Change					
Number of CHWs trained ⁵ and supported (total and per 10,000 population within project area), disaggregated by sex	Person	3,288			These trainings have not yet happened. They are starting in January.
Number and percentage of CHWs specifically engaged in public health surveillance ⁶	Person	3,288; 100%			This has not yet happened, will start in January.

IV. Constraints and challenges

The major constraint to this program was the delay of the arrival of the PPE supplies. The OFDA-supported part of this project was delayed by 6 weeks as a result of the delay in the arrival of these supplies, and therefore OFDA activities did not start until after this reporting period had already ended.

V. Activities for the following quarter

In the next quarter, the ERC members will scale up mentoring and supervision on basic IPC at PHUs, and provide on the job trainings on revised IPC and Maternal, Newborn and Child Health (MNCH) guidelines. These activities will be implemented through twice monthly supervisions and quality assurance by ERC staff (1 staff member per 10 PHUs). The ERC will implement its strategy of reinforcing fundamental IPC approaches that will ensure health workers feel confident in continuing to safely provide health care to their communities, while also enabling them to take the necessary steps to immediately correct any mistakes. Health facilities that demonstrate weak IPC practices will receive additional support until they have improved IPC and screening practices. These activities will reach all PHUs in the country, including, outside Freetown where they are already in effect, and Koinadugu, where ERC partner, Medecins Du Monde (MDM) is implementing with other funds. These activities will include training and a monthly financial incentive for CHWs/TBAs to do the screening at the PHUs (except Western Area where they have enough staff and don't need to support CHWs/TBAs to do screenings), as well as materials to set up proper screening tables in the front of the PHUs.

⁴ The ERC will also monitor key inventory at each PHU but our partner UNICEF is responsible for stocking and restocking (the ERC will distribute inventory items at each PHU once they are received at district level from UNICEF).

⁵ The CHWs/TBAs will be trained to do screening at PHU

⁶ This engagement refers to screenings conducted by CHWs/TBAs

In addition, ERC partners will sensitize communities about improvements in IPC in the health facility, and will be educated about the importance of continuing to attend the health facility for antenatal care, delivery, postnatal care, family planning, Expanded Program on Immunization (EPI) and childhood illnesses, within the context of Ebola. ERC staff will measure community confidence based on health facility attendance, and will actively work to dispel damaging rumors and provide updated information.